

## Payroll Deduction Authorization/Change Form

- New Donation (for employees who are not already donating)
- Additional Donation (for current donors)
- Change in Current Donation
- Terminate Donation

Employee Name	Employee ID	
Address	City	Zip Code
Email Address	Phone Number	

**I wish to make a payroll deduction donation to the following fund:**

- Legacy of Excellence Fund**, supporting students to thrive during Pierce College's 55th Anniversary year, through June of 2023.
- \$45 in honor of Chancellor Michele L. Johnson's 45-year career** (\$5 per pay period)
- Emergency Grants**
- General Scholarship**
- Veteran Student Support**

**ONGOING PAYROLL DEDUCTION**

- I authorize Pierce College District to deduct \$ \_\_\_\_\_ per pay period for 24 payments per year.\*  
*\*This will continue each year until such time as employment is terminated or a change is requested.*

**ONE-TIME PAYROLL DEDUCTION**

- I authorize Pierce College District to make a one-time deduction of \$ \_\_\_\_\_ for the month of \_\_\_\_\_

**PLEDGE PAYMENT PAYROLL DEDUCTION**

- I authorize Pierce College District to make a \$ \_\_\_\_\_ per pay period deduction until a total of \$ \_\_\_\_\_ has been deducted. Please begin payments for the month of \_\_\_\_\_.

- I wish my gift to be confidential.
- I give permission for my gift to be recognized on donor lists.

Signature	Date
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Please submit this form to the Foundation Office - Attn: Jennifer Sullivan in PUY-ADM-108C  
Do not turn in to Payroll.

**FOUNDATION USE ONLY (Do not Write Below this Line)**

Donor ID: \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Foundation Staff Initials: \_\_\_\_\_